

## ***Transformation: System Changes***

Significant activities and accomplishments have occurred since the Mental Health System Reform legislation was ratified in October 2001 (House Bill 381/Session Law 2001-437) and the publication of the first plan, *State Plan 2001: Blueprint for Change*.

Today, the division uses the term “transformation” instead of “reform” to reflect the dismantling of the old public system and the full and complete replacement by a new organizational structure. The division envisions transformation as different from just refining an old existing system. Reform implies the organization remains intact, with components added or taken away from the existing structure. The legislation mandates completely reconceiving, totally redesigning and renovating the system’s organization from the ground up. The legislative intent is to create a new and better public MH/DD/SAS delivery system.

As part of transformation, the division shifted its focus from disability programming to policy guidance, planning and training. Local management entities (LMEs), formerly known as area mental health programs, are now funded to administer and manage the local provider system rather than provide services. Private providers will deliver services in communities. Four years in the making, transformation continues to develop new solutions and address new issues.

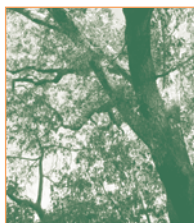
On the following pages of this report, you will find:

- The division’s major accomplishments during state fiscal year (SFY) 2004-2005.
- Highlights of the year’s activities organized by the guiding principles.
- The division’s plans for the future.

*For additional information and data sources in this report, see the division website at:*  
***[www.dhhs.state.nc.us/mhddsas/](http://www.dhhs.state.nc.us/mhddsas/)***.

*Additional information can be found on the Announcements and Communication Bulletins page:*  
***[www.dhhs.state.nc.us/mhddsas/announce/index.htm](http://www.dhhs.state.nc.us/mhddsas/announce/index.htm)***.

*To contact the division, the email address is:* ***[contactdmh@ncmail.net](mailto:contactdmh@ncmail.net)***.



## ***Transformation: Consumer and Family Representation***

Transformation considerably expands opportunities for consumer representation in division committees. Since the beginning stakeholders have been involved in discussions and planning how the MH/DD/SAS system could be redeveloped and how to rebuild the system. On a systemwide level, the state plan calls for the creation of state and local consumer and family advisory committees (CFACs) whose purpose is to provide an avenue that promotes and advocates on behalf of consumers and their families.

Two major efforts have increased consumer and family involvement in transformation:

- 1) On June 30, 2005, there were 30 active local CFACs working directly with their LMEs.
- 2) The secretary appointed 21 consumer and family members with diverse backgrounds to participate in the state CFAC (SCFAC) to work directly with the department and division leadership to implement transformation.

### **Roles and Responsibilities of the State and Local Consumer and Family Advisory Committees**

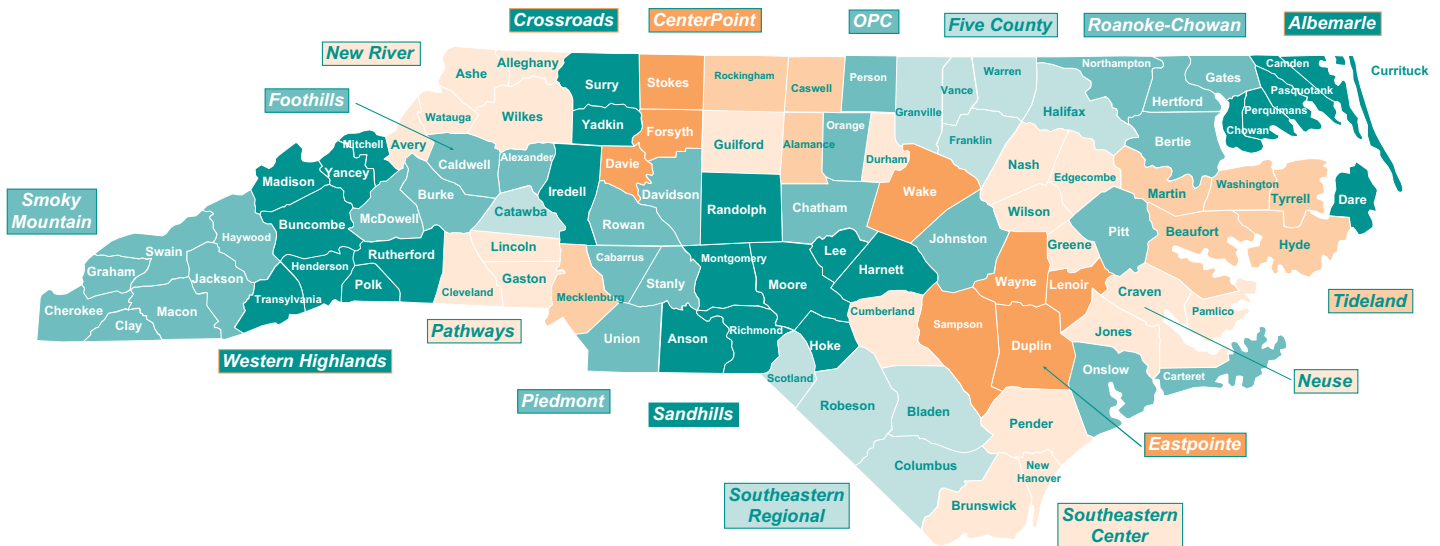
- Advise and comment on all state and local plans.
- Recommendations on areas of service eligibility and service array, including identifying gaps in services.
- Assist in the identification of underserved populations.
- Provide advice and consultation regarding development of additional services and new models of service.
- Participate in monitoring service development and delivery.
- Review and comment on the state and local service budgets.
- Observe and report on the implementation of state and local business plans.
- Participate in all quality improvement activities, including tracking and reporting on outcome measures and performance indicators.
- Ensuring consumer and family participation at all quality improvement projects at both the provider and LME levels.
- SCFAC develops an interaction and operations protocol with local CFACs.

*For further information about the SCFAC see:*

***[www.dhhs.state.nc.us/mhddsas/scfac/scfacwebcontent.pdf](http://www.dhhs.state.nc.us/mhddsas/scfac/scfacwebcontent.pdf)***



## Local Management Entities (LMEs) and their member counties as of July 1, 2005



The counties within an LME share the same color. Unless otherwise indicated, the LME name is the county name(s).

### State Facilities

#### Psychiatric Hospitals

Broughton Hospital, Morganton, Burke County,  
Western Region

Cherry Hospital, Goldsboro, Wayne County,  
Eastern Region

Dorothea Dix Hospital, Raleigh, Wake County,  
South Central Region

John Umstead Hospital, Butner, Granville County,  
North Central Region

#### Alcohol and Drug Abuse Treatment Centers

Julian F. Keith ADATC, Black Mountain,  
Buncombe County, Western Region

Walter B. Jones ADATC, Greenville, Pitt County,  
Eastern Region

J. R. Blackley ADATC, Butner, Granville County,  
Central Region

#### Specialized Nursing Facilities

North Carolina Special Care Center, Wilson,  
Wilson County

Black Mountain Center, Black Mountain,  
Buncombe County

#### Developmental Centers

Caswell Center, Kinston, Lenoir County,  
Eastern Region

Murdoch Center, Butner, Granville County,  
North Central Region

O'Berry Center, Goldsboro, Wayne County,  
South Central Region

J. Iverson Riddle Developmental Center,  
Morganton, Burke County, Western Region

#### Residential Programs for Children

Whitaker School, Butner, Granville County

Wright School, Durham, Durham County

## ***Transformation: Major Accomplishments of State Fiscal Year 2004-2005***

Throughout 2004-2005, there were turning points in the transformation process. Among the division's most significant accomplishments were:

- Performance contracts: DHHS and 23 LMEs signed a performance contract that outlines the service expectations and legal responsibilities that LMEs have to consumers and their families.
- Completion of new service definitions: The division completed new service definitions in cooperation with the Division of Medical Assistance of specific MH/DD/SAS that reflect evidence based and promising practices and can be paid by Medicaid funds to improve services at the community level.
- CAP/MR-DD waiver: The division developed the new Community Alternatives Program for Persons with Mental Retardation/Developmental Disabilities (CAP/MR-DD) waiver. The New Medicaid Rehabilitation Option Enhanced Benefit Services to the Medicaid State Plan intends to provide services and supports for appropriate downsizing of state facilities as community service capacity develops.
- Cultural competency: The division director initiated a Cultural Competency Advisory Group to advise the division leadership in cultural and linguistic competency areas.
- Consumer satisfaction successes: The vast majority of consumers surveyed in the public MH/DD/SAS system report that they are satisfied with the services being provided, and consumers who have been served the longest report higher levels of satisfaction particularly with their outcomes or progress.
- Public forums: The division convened public forums for state associations, advocacy organizations, other state agencies and the general public to update stakeholders about transformation.
- Inspection of children's group homes: DMH/DD/SAS staff, in collaboration with the Division of Facility Services, conducted inspections of all children's residential treatment facilities to determine compliance with health, safety and welfare standards and to provide information on the treatment needs of the children and adolescents in these homes.
- Construction of the new Central Region Psychiatric Hospital in Butner: In April, the division broke ground on the first state-operated psychiatric hospital construction since 1947. The new facility will merge Dorothea Dix and John Umstead hospitals. Construction is scheduled for completion on the Central Regional Psychiatric Hospital in spring 2007. Division Director Mike Moseley established and chairs the steering committee that oversees the construction and preliminary operations of this new state psychiatric hospital.
- Advocacy organization database: The division established a voluntary informational database on advocacy organizations in North Carolina. On a rotating basis, the catalogued organizations are selected to participate in discussions with the department and division on transformation and other MH/DD/SAS issues. The division can consult from among 40 organizations and groups registered in this database to engage in policy and informational discussions.